

10/543080

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

Attorney Docket Number	60,130-2399; 02MRA0191
First Named Inventor	Pontanari
COMPLETE IF KNOWN	
Application Number	/ Herewith
Filing Date	Herewith
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Electronic Differential Lock Assembly

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
	WO	1/31/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number:
or Bar Code Label 026096 OR Correspondence address below

Kerrie A. Laba

Name

Address 400 W. Maple Road

Address Suite 350

City Birmingham	State Michigan	ZIP 48009
Country United States	Telephone (248) 988-8360	Fax (248) 988-8363

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

✓ NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <u>Marco</u>	Family Name or Surname <u>Pontanari</u>
--	--

Inventor's Signature <u>Marco Pontanari</u>	Date <u>Feb, 22, 2003</u>
--	---------------------------

Residence: City Pombia (Novara)	State	Country Italy	Citizenship Italy
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Mailing Address Via Veneto 16

Mailing Address

City Pombia (Novara)	State	ZIP D-28050	Country Italy
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <u>Marco</u>	Family Name or Surname <u>Bassi</u>
--	--

Inventor's Signature	Date
-------------------------	------

Residence: City Novate Milanese (Milano)	State	Country Italy	Citizenship Italy
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Mailing Address Via Marie Curie 8

Mailing Address

City Novate Milanese (Milano)	State	ZIP 20026	Country Italy
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

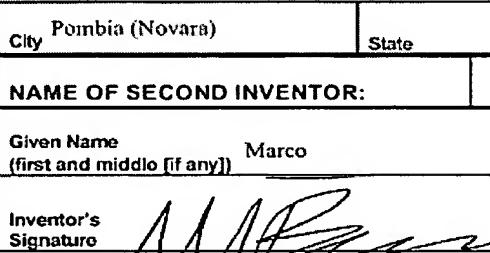
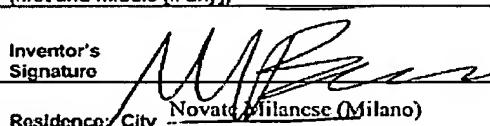
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 026096		<input type="checkbox"/> Correspondence address below	
Name Kerrie A. Laba			
Address 400 W. Maple Road			
Address Suite 350			
City Birmingham		State Michigan	ZIP 48009
Country United States		Telephone (248) 988-8360	Fax (248) 988-8363
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> <p><input type="checkbox"/> A petition has been filed for this unsigned inventor</p>			
Given Name Marco (first and middle (if any))		Family Name Pontanari or Surname	
Inventor's Signature 		Date 18/04/05	
Residence: City Pombia (Novara)		State	Country Italy Citizenship Italy
Mailing Address Via Veneto 16			
Mailing Address			
City Pombia (Novara)		ZIP D-28050	Country Italy
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Marco (first and middle (if any))		Family Name Bassi	
Inventor's Signature 		Date 18/04/05	
Residence: City Novate Milanese (Milano)		State	Country Italy Citizenship Italy
Mailing Address Via Marie Curie 8			
Mailing Address			
City Novate Milanese (Milano)		ZIP 20026	Country Italy
<input type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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PTO/SB/02A (11-00)

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Giovanni</u>		Family Name or Surname <u>Bellomi</u>	
Inventor's Signature <i>Giovanni Bellomi</i>		Date <u>18/07/05</u>	
Residence: City <u>Novara</u>	State	Country <u>Italy</u> <input checked="" type="checkbox"/>	Citizenship <u>Italy</u>
Mailing Address Via Visintin 13			
Mailing Address			
City <u>Novara</u>	State	ZIP <u>28100</u>	Country <u>Italy</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Roberto</u>		Family Name or Surname <u>Gianone</u>	
Inventor's Signature <i>Roberto Gianone</i>		Date <u>18/07/05</u>	
Residence: City <u>Barengo</u>	State	Country <u>Italy</u> <input checked="" type="checkbox"/>	Citizenship <u>Italy</u>
Mailing Address Via Santa Maria 16 Barengo			
Mailing Address			
City <u>Barengo</u>	State	ZIP <u>28010</u>	Country <u>Italy</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/02C (3-97)

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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
All attorneys associated with customer number 026096			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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